

Flagler School of Dance Registration Form

120 Airport Rd, Suite 3, Palm Coast, FL 3216

DATE _____

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ ZIPCODE _____

PARENT/GUARDIAN _____ EMAIL _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMERGENCY CONTACT _____ PHONE _____

PREVIOUS DANCE TRAINING

SCHOOL	STYLE OF DANCE	DATE/HOW LONG

REASON FOR TAKING DANCE LESSONS: (Hobby, Professional intentions, etc)

Please list any physical conditions we should be aware of. Write "none" if applicable:

PLEASE READ BEFORE SIGNING

I understand that dance class can be a potentially hazardous activity and that risk is involved in participation. I understand that it is my responsibility to have a physical and a Dr's approval to begin physical activity such as dance class. I hereby release Cindy Miller, Flagler School of Dance and all instructors teaching at this studio from any and all claims sustained before during or after any class at the Flagler School of Dance: 120 Airport Rd, Suite 3, Palm Coast, FL 32164. The undersigned hereby declares that the terms of this release have been read, are fully understood and voluntarily accepted. The undersigned knowingly assumes all risks related to participation in the previously mentioned activities.

SIGNED PARENT/GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

CLASSES	DAY/TIME	MONTHLY TUITION

